

# APPLICATION FOR UNITED STATES PATENT

## Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"FILTERING METHOD AND APPARATUS"

described and claimed in the specification:

Check one

\*a. ☒ attached hereto.

b. ☐ filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2001-038,935 filed February 15, 2001

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

If there are no corresponding applications, insert "NONE".

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562;  
Thomas J. Pardini, Reg. No. 30,411 and Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Typewritten Full Name  
of Sole or First Inventor

Akinari TODOROKI  
Given Name Middle Initial Family Name

\*\*4 Inventor's Signature

\*\*5 Date of Signature

6 Residence Hachioji-shi Tokyo Japan  
City State or Province Country  
7 Citizenship Japanese  
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(Insert complete mailing address, including country) 3-5, Owa 3-chome, Suwa-shi  
Nagano-ken 392-8502 / Japan


\*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.


\*\*Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☐

**PAGE OF U.S.A. DECLARATION FORM**  
(Discard this page in a sole inventor application)

3 Typewritten Full Name of Fumihito BAISHO  
Joint Inventor (if any) Given Name Middle Initial Family Name

\*4 Inventor's Signature  Fumihito BAISHO


\*5 Date of Signature  January 9 2002  
Tachikawa Month Day Year


\*6 Residence Tachikawa Tokyo Japan  
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\*7 Citizenship Japanese

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3 Typewritten Full Name of \_\_\_\_\_  
Joint Inventor (if any) Given Name Middle Initial Family Name

\*4 Inventor's Signature  \_\_\_\_\_


\*5 Date of Signature  \_\_\_\_\_  
Month Day Year


\*6 Residence \_\_\_\_\_  
City State or Province Country

\*7 Citizenship \_\_\_\_\_

8 Post Office Address { \_\_\_\_\_  
(Insert complete mailing \_\_\_\_\_  
address, including country) \_\_\_\_\_

3 Typewritten Full Name of \_\_\_\_\_  
Joint Inventor (if any) Given Name Middle Initial Family Name

\*4 Inventor's Signature  \_\_\_\_\_


\*5 Date of Signature  \_\_\_\_\_  
Month Day Year


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\*7 Citizenship \_\_\_\_\_

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address, including country) \_\_\_\_\_

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Joint Inventor (if any) Given Name Middle Initial Family Name

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\*7 Citizenship \_\_\_\_\_

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(Insert complete mailing \_\_\_\_\_  
address, including country) \_\_\_\_\_

\*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.  
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.